MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2								52						
3								53						
4								54						
5								55						
6		5						56						
7		5						57						
8		5						58						
9		5						59						
10		5						60						
11		5						61						
12		5						62						
13	1							63						
14								64						
15								65						
16								66						
17								67						
18								68						
19								69						
20		5						70						
21		5						71						
22		5						72						
23								73						
24								74						
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39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	6							TOTAL IND.						
TOTAL DEP.	62							TOTAL DEP.						
TOTAL CLAIMS	64							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS